

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/682 184</td> </tr> <tr> <td>Filing Date</td> <td>10/09/2003</td> </tr> <tr> <td>First Named Inventor</td> <td>Lee A. Core</td> </tr> <tr> <td>Title</td> <td>Hemostasis valve</td> </tr> <tr> <td>Art Unit</td> <td>3763</td> </tr> <tr> <td>Examiner Name</td> <td>DESANTO, MATTHEW F</td> </tr> <tr> <td>Attorney Docket Number</td> <td>106596 170 US2</td> </tr> </table>	Application Number	10/682 184	Filing Date	10/09/2003	First Named Inventor	Lee A. Core	Title	Hemostasis valve	Art Unit	3763	Examiner Name	DESANTO, MATTHEW F	Attorney Docket Number	106596 170 US2
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<input type="checkbox"/> Applicant/Inventor. OR <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on:			
SIGNATURE of Applicant or Assignee of Record			
Signature	<i>Carol A. Devellian</i>	Date	July 21, 2010
Name	Carol A. Devellian	Telephone	617.737.0930
Title and Company	Vice President of Research & Development, NMT Medical, Inc.		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representatives(s) are required. Submit multiple forms if more than one signature is required, see below.			
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